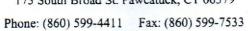


STONINGTON POLICE DEPARTMENT

173 South Broad St. Pawcatuck, CT 06379





ALARM REGISTRATION/BUSINESS FORM

Name:		Date:_	
Address:Number & Street	City & State		Zip Code
Cell Phone:	Home Phone:		Email:
Bill To (If different from above):			
	umber & Street	City & State	Zip Code
Location Type: Residential	Commercial	Industrial	Office Complex
Alarm Type (check all applicable):	Burglary Fire	Robbery A	Audible Silent
Property Description/Landmarks and/or	special instructions or direct	tions:	
Special Circumstances (i.e. Dogs, Guns	, Hazards on Property):		
	RGENCY CONTACTS keyholder must respond to		s
Phones: Cell		Work	
Keyholder #2:			
Phones: Cell			
Keyholder #3:			
Phones: Cell	Home	Work	
Alarm Company/Installer:		Phone:	
Address:			
FOR ALARM REGISTRATION ON	LY:		
Annual Fee (\$10.00) Payment: Coursers must comply with the Town of St			F STONINGTON. All alarn 3 th , 1993
Police Official Signature	Alarm Owner Signature		